

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>		Attorney Docket No. <b>14-017</b>	
		First Inventor or Application Identifier <b>AIZAWA t al.</b>	
		Title <b>AUTOMATIC BRAKE DEVICE FOR CONTROLLING MOVEMENT OF VEHICLE IN DIRECTION OPPOSITE TO INTENDED DIRECTION OF MOVEMENT OF DRIVER</b>	
(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))		Express Mail Label No. _____	

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Commissioner for Patents Mail Stop Patent Application Alexandria, VA 22313-1450
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<p>1. <input checked="" type="checkbox"/> * Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing)</p> <p>2. <input checked="" type="checkbox"/> Specification [Total Pages <b>88</b> ]</p> <p style="margin-left: 20px;">-Descriptive title of the Invention</p> <p style="margin-left: 20px;">-Cross Reference to Related Applications</p> <p style="margin-left: 20px;">-Background of the Invention</p> <p style="margin-left: 20px;">-Summary of the Invention</p> <p style="margin-left: 20px;">-Brief Description of the Drawings</p> <p style="margin-left: 20px;">-Detailed Description of the Preferred Embodiment</p> <p style="margin-left: 20px;">-Claims</p> <p style="margin-left: 20px;">-Abstract of the Disclosure</p> <p>3. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets <b>18</b> ]</p> <p>4. Oath or Declaration [Total Sheets <b>4</b> ]</p> <p style="margin-left: 20px;">a. <input checked="" type="checkbox"/> Newly executed (original or copy)</p> <p style="margin-left: 20px;">b. <input type="checkbox"/> Copy from a prior application (37 C.F.R. § 1.63 (d)) (for continuation/divisional with Box 16 completed)</p> <p style="margin-left: 20px;">i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"><p><small>*NOTE FOR ITEMS 1 &amp; 13: IN ORDER TO BE ENTITLED TO PAY SMALL ENTITY FEES, A SMALL ENTITY STATEMENT IS REQUIRED (37 C.F.R. § 1.27), EXCEPT IF ONE FILED IN A PRIOR APPLICATION IS RELIED UPON (37 C.F.R. § 1.28)</small></p></div>	<p>5. <input type="checkbox"/> Microfiche Computer Program (Appendix)</p> <p>6. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)</p> <p style="margin-left: 20px;">a. <input type="checkbox"/> Computer Readable Copy</p> <p style="margin-left: 20px;">b. <input type="checkbox"/> Paper Copy (identical to computer copy)</p> <p style="margin-left: 20px;">c. <input type="checkbox"/> Statement verifying identity of above copies</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"><p style="text-align: center;"><b>ACCOMPANYING APPLICATION PARTS</b></p><p>7. <input checked="" type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p><p>8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney</p><p>9. <input type="checkbox"/> English Translation Document (if applicable)</p><p>10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations</p><p>11. <input type="checkbox"/> Preliminary Amendment</p><p>12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (should be specifically itemized)</p><p style="margin-left: 20px;">*Small Entity Statement(s) (PTO/SB/09-12) <input type="checkbox"/> Statement filed in prior application, Status still proper and desired</p><p>13. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)</p><p>14. <input checked="" type="checkbox"/> Other: _____</p><p>15. <input type="checkbox"/> Other: _____</p></div>
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16. If a **CONTINUING APPLICATION**, check appropriate box, and supply the requisite information below and in a preliminary amendment:


☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Group/Art Unit: \_\_\_\_\_


**For CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

**17. CORRESPONDENCE ADDRESS**

<input checked="" type="checkbox"/> Customer Number or Bar Code Label		 (Insert Customer No. or Attach bar code label here)		<input type="checkbox"/> Correspondence address below	
<b>23400</b>					
PATENT TRADEMARK OFFICE					
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City _____		State _____		Zip Code _____	
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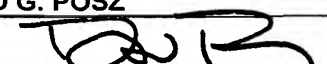
  

Name (Print/type)	DAVID G. POSZ	Registration No. (Attorney/Agent)	37,701
Signature		Date	July 25, 2003

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<h1 style="margin: 0;">FEE TRANSMITTAL</h1> <h2 style="margin: 0;">for FY 2003</h2> <p style="margin: 5px 0;"><i>Patent fees are subject to annual revision.</i></p>		<p><b>Complete if Known</b></p>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	
		Filing Date <b>July 28, 2003</b>	
		First Named Inventor <b>AIZAWA et al.</b>	
		Examiner Name	
		Group/Art Unit	
TOTAL AMOUNT OF PAYMENT (\$) <b>958</b>		Attorney Docket No. <b>14-017</b>	

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)																																																																																																																																																																																		
<p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number <b>50-1147</b></p> <p>Deposit Account Name <b>POSZ &amp; BETHARDS, PLC</b></p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>	<p><b>3. ADDITIONAL FEES</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge – late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge – late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> 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SUBMITTED BY			Complete (if applicable)	
Name (Print/Type)	<b>DAVID G. POSZ</b>	Registration No. (Attorney/Agent)	<b>37,701</b>	Telephone
Signature				<b>(703) 707-9110</b>
				Date
				<b>July 25, 2003</b>

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